OCT 17 2005

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То:	Commissioner for Patents	From:	Sanjay S. Bagade
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Phone:	(571) 272-4771	Date:	October 17, 2005

Comments: OFFICIAL FILING

Application No.: 10/079,605 Filing Date: February 21, 2002

Title: DEVICES FOR APPLYING ENERGY TO TISSUE

Inventor(s): Thomas KEAST et al.

Examiner: A. Roane Group Art Unit: 3739

Afforney Docket No.: BRONNE00402

Papers attached:

- 1. Transmittal 1 page
- 2. Fee Transmittal 1 page
- 3. Credit Card Payment Form 1 page
- 4. Response/Amendment 7 pages
- 5. Extension of Time 1 page
- 6. Terminal Disclaimer 1 page

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PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. Application Number 10/079.605 Filing Date TRANSMITTAL February 21, 2002 First Named Inventor FORM Thomas KEAST Art Unit 3739 Examiner Name A. Roane (to be used for all correspondence after initial filing) Attorney Docket Number BRONNE00402 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** 1. Credit Card Payment Form - 1 page Request for Refund **Express Abandonment Request** 2. Fax Cover Sheet - 1 page CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Levine Bagade LLP (Customer No. 40518) Signature Printed name Sanjay S. Bagade Date Reg. No. October 17, 2005 42,280 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Laupa L. Shires Date October 17, 2005

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mation unless it disnays a valid OMA control numbe Effective on 12/08/2004. Complete if Known gas pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/079,605 RANSMIT Filing Date February 21, 2002 For FY 2005 First Named Inventor Thomas KEAST Examiner Name A. Roane Applicant claims small entity status. See 37 CFR 1.27 3739 TOTAL AMOUNT OF PAYMENT 125.00 BRONNE00402 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number. Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 Design 200 100 130 100 65 50 Plant 200 300 160 100 150 80 600 Reissue 300 150 500 250 300 200 Provisional 100 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) 27 - 31 Fee (\$) Fee Paid (\$) 0 25 0 HP = highest number of total claims paid for, if greater than 20. 180 Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 4 100 2 - 4 = 0 x 100 = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Paid (\$) - 100 = _ / 50 = (round up to a whole number) x Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension of Time, Terminal Disclaimer 125 SUBMITTED BY Registration No. 42,280 Telephone (650) 242-4212 Signature -(Atlomey/Agent) Date October 17, 2005 Name (Print/Type) Sanjay S. Bagade

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